

## REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Subsection (b) of 35 U.S.C. §132, effective on May 29, 2000, provides for continued examination of an utility or plant application filed on or after June 8, 1995.

See The American Inventors Protection Act of 1999 (AIPA).

Application Number	10/796,976
Filing Date*	March 11, 2004
First Named Inventor	YU
Group Art Unit	1793
Examiner Name	P.A. Wartalowicz
Attorney Docket No.	3230-98

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application.

NOTE: \* Filing date must be on or after June 8, 1995; but if before May 29, 2000, then consider a CPA.

1. Please consider the following as the required submission under 37 C.F.R. §1.114:											
	a.	. The Amendment/Reply filed on									
	b.	The Information Disclosure Statement (IDS) filed on (date):									
	c.	:. The Brief/Reply Brief filed on (date):									
	đ.	d. The page(s) of Form PTO-1449 and copy of each listed document filed (date):									
Ø	e.	. Other: Amendment Under 37 C.F.R. § 1.116 filed herewith.									
⊠ 2.	ΑŢ	A <u>TWO-</u> month Petition for Extension of Time is filed herewith.									
□ 3.	<ol> <li>The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17 to Deposit Account No. 501874.</li> </ol>										
⊠ 4.	4. Authorization is hereby given to charge credit card in the amount of \$650 (Form PTO 2038 attached) to cover the Small Entity Filing Fee (\$405) and the Small Entity Extension Fee (\$245). A duplicate of this form is enclosed herewith.										
<b>□</b> 5.	Thi	s Requ	est is	transı	nitted	d by facsimile to numbe	er (703	)			
<b>6</b> .	Oth	er:									
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		ce Addres		FICE	PLL	c	M	lultiple Dependent	t Claim (	add \$280.00):	0
5205 Leesburg Pike, Suite 1404 Falls Church, VA 22041					1404	Subtotal:				\$810.00	
CUSTOMER NUMBER: 40144						40144	50% Reduction if Small Entity Status:				\$405.00
Phon	e: 70	3-575	-271	1	Fa	ax: 703-575-2707				Total:	\$405.00
		Date:			* 3	Name;		Sig	nature:		Reg. No.
	ctob					Bruce H. Troxell	B > Ggs 26,592				

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□⊠Duplicate

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D	₫	e.	Other	: Am	endn	nent U	Inder 37 C.F.R. § 1.1	16 filed herewith.			
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Corre T 5 F	spor RO 20 all:	ndend DXE 5 Lo s C	claims: claims: ce Addres LL LA\ cesbu hurch,	5 3 ss: W OF rg Pi , VA	FICE ke, S 220	20 3 E PLLC Suite 41 ER: 4	(highest number pro (highest number pro C 1404	eviously paid for) = eviously paid for) = Multiple Dependen	0.00 t Claim	X \$18 = X \$86 = add \$280.00): Subtotal:	0 0 0 \$810.00
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